

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Seetor
0400
#3

Applicant: Michael D. Levison



Serial No.: 09/760,226

Group Art Unit: Not yet assigned

Filed: January 12, 2001

Examiner: Not yet assigned

For: *METHOD FOR TARGETING INSURANCE POLICY INCENTIVE REWARDS*

Box Missing Parts
Assistant Commissioner for Patents
Washington, D.C. 20231

**TRANSMITTAL OF DECLARATION FOR PATENT APPLICATION,
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT,
AND STATEMENT UNDER 37 C.F.R. § 3.73(b)**

Sir:

Applicant encloses the following for filing in the above-identified application:

1. Declaration for Patent Application executed by Michael D. Levison;
 2. Power of Attorney or Authorization of Agent executed by Coverdell & Company;
 3. Statement Under 37 C.F.R. § 3.73(b) executed by Coverdell & Company, with attached copy of the executed Assignment from Michael D. Levison to Coverdell & Company;
- and


4. Check in the amount of \$130.00 for the large entity surcharge for late filing the Declaration for Patent Application.

Applicant has not yet received the Notice to File Missing Parts of Nonprovisional Application, or the official Filing Receipt.

U.S.S.N.: 09/760,226
Filed: January 12, 2001
**TRANSMITTAL OF DECLARATION FOR
PATENT APPLICATION, POWER OF ATTORNEY
OR AUTHORIZATION OF AGENT, AND
STATEMENT UNDER 37 C.F.R. § 3.73(b)**

Please charge any other fees due, or credit any overpayment, in connection with this matter to Deposit Account No. 01-2507. A duplicate of this transmittal is enclosed to facilitate this process.

Respectfully submitted,

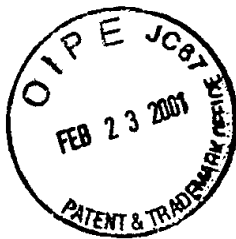


Patrea L. Pabst
Reg. No. 31,284

Date: February 20, 2001

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STATEMENT UNDER 37 C.F.R. § 3.73(b)



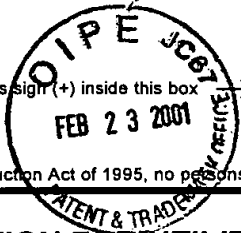
CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)

I hereby certify that this Transmittal of Declaration for Patent Application, Power of Attorney or Authorization of Agent, and Statement Under 37 C.F.R. § 3.73(b), together with any paper referred to as being attached or enclosed, is being deposited with the United States Postal Service on the date shown below with sufficient postage as first-class mail in an envelope addressed to Box Missing Parts, Assistant Commissioner for Patents, Washington, D.C. 20231.

Sunny G. Johns

Date: February 20, 2001

Please type a plus sign (+) inside this box



+

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	CVC 100
First Named Inventor	Michael D. Levison
COMPLETE IF KNOWN	
Application Number	09 / 760,226
Filing Date	January 12, 2001
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR TARGETING INSURANCE POLICY INCENTIVE REWARDS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 01/12/2001

as United States Application Number or PCT International

(if applicable).

Application Number 09/760,226

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/175,748	01/12/2000	

[Page 1 of 2]

Burden-Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

CVC 100

7701/1049



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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

☐Customer Number
or Bar Code LabelOR ☒

Correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name

Michael D.

(first and middle [if any])

Family Name

Levison

or Surname

Inventor's
Signature

Date 1/30/01

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

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(first and middle [if any])

Family Name

or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

— Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.